



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Dendle	Phyllis	J.B.	808-432-4626
MAILING ADDRESS (Street)			FAX
501 Alakawa St.			808-432-4632
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kaiser Foundation Health Plan, Inc.			808-432-0000
MAILING ADDRESS (Street)			FAX
3288 Moanalua Road			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Phyllis J.B. Dendle			808-432-4626
MAILING ADDRESS (Street)			FAX
501 Alakawa St.			808-432-4632
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	<input checked="" type="checkbox"/> Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Phyllis J. B. Lendee
(Signature of Lobbyist)

01-12-07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Janice L. Head		President, Hawaii Region	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Kaiser Foundation Health Plan and Hospitals, Inc.		808-432-5857	
MAILING ADDRESS (Street)		FAX	
2828 Paa Street		808-432-5866	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Janice L. Head</u> (Signature of Authorizing Officer or Person Represented)		<u>1/16/07</u> (Date)	